

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003579

1. Entity Name
AERFI LEASING USA SUB I INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90058 001 ***900.00

Principal Place of Business
C/O ERGOFI INC., D/B/A INDIGO AIRLEASE
100 NE THIRD AVENUE, SUITE 800
FT. LAUDERDALE FL 33301

Mailing Address
C/O ERGOFI INC., D/B/A INDIGO AIRLEASE
100 NE THIRD AVENUE, SUITE 800
FT. LAUDERDALE FL 33301

65828



2. Principal Place of Business
debis AirFinance Usa, Inc

3. Mailing Address
c/o debis AirFinance USA, Inc

Suite, Apt. #, etc.
100 NE 3rd Ave, Ste 800

Suite, Apt. #, etc.
100 NE 3rd Ave, Ste 800

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3540545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional - Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARYL BEN BASAT
100 NE THIRD AVENUE, SUITE 800
FT. LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, PATRICK SHANNON, COUNTY CLARE IRELAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUDOLPH, STEPHANIE 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACK, CAREN 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Caryl Ben Basat 100 NE 3rd Avenue, Suite 800 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Laura B. Showalter 100 NE 3rd Avenue, Suite 800 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura B. Showalter LAURA B. SHOWALTER 1/4/01 954-760-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

DOC#F00000003571

CERTIFICATE OF AMENDMENT 65828

STOCK CORPORATION

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 12/1999

Space For Office Use Only

FILING #0002216104 PG 01 OF 02 VOL B-00391
FILED 02/15/2001 08:30 AM PAGE 02984
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF CORPORATION:

AerFi Leasing USA Sub I, Inc.

2. THE CERTIFICATE OF INCORPORATION IS (check A., B. or C.):

☒ A. AMENDED.

☐ B. AMENDED AND RESTATED.

☐ C. RESTATED.

3. TEXT OF EACH AMENDMENT / RESTATEMENT:

Article 1 of the Certificate of Incorporation shall be amended, in its entirety, to read as follows:

"The name of the Corporation is: debis AirFinance USA Sub I, Inc."

(Please reference an 8 1/2 X 11 attachment if additional space is needed)